

ANNUAL STUDENT ENROLLMENT PROFILE
School Year 2010-2011
Grade in School Year 2010-2011:
School in SY 2010-2011: _____

Student ID #: _____

(Print all information)

STUDENT INFORMATION											
1. Last Name			2. First Name			3. Middle Name		4. Country of Birth		5. Date of Birth	
6. Address						7. Apt No.		8. Home Telephone Number ()			
9. City					10. State			11. ZIP Code			
12. Student Cell Number (if applicable)					13. School Last Attended (if DCPS, name of school only) <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Other						
14. Student's Home Language(s)											
15. Health Insurance or Medicaid Information Provider: _____ Policy Number: _____ List any medical conditions of which the school should be aware: _____					Address						
					City		State		ZIP Code		
16. Student's Siblings		A.			B.			C.			
Student's Siblings' Schools											
17. For returning students, please confirm the following information is accurate: <input type="checkbox"/> Accurate <input type="checkbox"/> Not accurate											
For students new to DCPS, please indicate whether or not your child has a(n):											
IEP (Individualized Education Program) <input type="checkbox"/> Y <input type="checkbox"/> or N <input type="checkbox"/> If yes, IEP Review Date: _____										<input type="checkbox"/> Section 504 Accommodation Plan <input type="checkbox"/> Y <input type="checkbox"/> or N <input type="checkbox"/>	
18a. Ethnic Designation <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino					18b. Race -choose one or more <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White						
PARENT/LEGAL GUARDIAN (One must be parent or legal guardian with whom student lives)											
19. Parent or Legal Guardian		Relationship		<input type="checkbox"/> Active Military <input type="checkbox"/> Reserve Military		20. Parent or Legal Guardian		Relationship		<input type="checkbox"/> Active Military <input type="checkbox"/> Reserve Military	
Address		Apt. No.				Address		Apt. No.			
City		State		ZIP Code		City		State		ZIP Code	
Email Address		Preferred Language of Communication				Email Address		Preferred Language of Communication			
Cell Number ()		Work Number ()				Cell Number ()		Work Number ()			
<input type="checkbox"/> Has legal custody of student (if student is under 18 years old)						<input type="checkbox"/> Has legal custody of student (if student is under 18 years old)					
Employer's Name/Address						Employer's Name/Address					
City		State		ZIP Code		City		State		ZIP Code	
IN CASE OF EMERGENCY											
21. Emergency Contact Person (other than parent/guardian)					Relationship		Home Number ()		Work Number ()		
Address (Street, City, State, Zip Code)							Cell Number ()				
RESIDENCY STATUS (Check One <input checked="" type="checkbox"/>)											
22. <input type="checkbox"/> D.C. Resident (Student and parent or legal guardian live in D.C.)											
<input type="checkbox"/> Nonresident (Student or parent or legal guardian lives outside D.C.) + Receipt of payment for nonresident tuition attached											
HOUSING STATUS (Check One <input checked="" type="checkbox"/>)											
23. <input type="checkbox"/> Permanent		<input type="checkbox"/>		Unaccompanied Youth		<input type="checkbox"/>		Other Temporary Housing			
<input type="checkbox"/> Shelter		<input type="checkbox"/>		Shared Housing		<input type="checkbox"/>		Foster Care			
<input type="checkbox"/> Hotel/Motel		<input type="checkbox"/>		Awaiting Foster Care							

I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law.

*Signature of Parent/Legal Guardian with Whom Student Lives or Student who is 18 or older

Date